

Best Available Copy

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>DB</i>	<i>Q-11-00</i>	
O.I.P.E. CLASSIFIER		49	9/15/00
FORMALITY REVIEW	<i>mk</i>		10/17/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	7/10/01
2	7/10/01
3	7/10/01
4	7/10/01
5	7/10/01
6	7/10/01
7	7/10/01
8	7/10/01
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12	7/10/01
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26	7/10/01
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41	7/10/01
42	7/10/01
43	7/10/01
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49	
50	7/10/01

Claim	Date
Final	
Original	
51	7/10/01
52	7/10/01
53	7/10/01
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Claim	Date
Final	
Original	
101	7/10/01
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If more than 150 claims or 10 actions  
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